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ABSTRACT

Crisis intervention type services were initiated in the Battered Women's Shelter in Fayetteville, Arkansas with the purpose of assisting children with their immediate distress and possibly preventing repetition of the violent patterns within families. Services were provided by volunteers or hired staff as funding allowed. The families the shelter typically served were from a rural, poor area. Services to children were provided on an individual and group basis, varying from a Big Brother/Big Sister recreational approach to a longer term, more intensive approach similar to traditional child psychotherapy. Group intervention was centered on a weekly children's discussion group, during which time feelings, fears, and fantasies were discussed. When appropriate, specialized groups were also conducted. Interventions with the mothers focused on improving parenting skills. Women were taught how to interact with their children in a more positive manner and how to discipline by setting consistent limits. Also presented to the mothers were the basic principles of child development. Although this intervention program was not formally evaluated, on an informal questionnaire most mothers reported an improved relationship with their children. Research needs to be conducted to facilitate implementation of effective intervention strategies for children living within violent families. (ABL)

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Child-focused Intervention in Shelters

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Child-Focused Interventions in Shelters

While the so-called "cycle of violence" and the "intergenerational transmission of violence" has not been confirmed, there is enough evidence available for the acknowledgment that children who grow up in violent homes, especially boys, are at-risk for repeating the pattern when they are adults. Most of the support for children's at-risk status comes from retrospective reports of adults who had sought assistance for intra-or interpersonal difficulties, or had responded to a national survey conducted by Straus, Gelles, Steinmetz (1980). Some of the more commonly quoted statistics include figures such as childhood physical abuse in the battered woman's history which vary from 26% (Rounsaville, 1978) to 40% (Walker, 1984). Estimates of the incidence of physical abuse in the background of batterer's are somewhat higher, from 55 to 61% (Star, 1978; Walker, 1984). Straus et al., (1980) found that men and women who had witnessed violence between their parents were almost three times more likely than non-witnessing people to have used violence in the past year.

With the purpose of assisting children with their immediate distress, and possibly preventing repetition of the violent patterns within families, crisis-intervention type services were initiated in the Battered Women's Shelter in Fayetteville, Arkansas, in the spring of 1979. In the six years of the existence of the children's program, the structure has remained basically the same, though modifications have been made based on clinical literature and clinical intuition, research conducted at our Shelter and elsewhere, and the presence of grant money. Paid staff were hired when funds through grants were available;

otherwise the people providing the children's services did so on a voluntary basis.

The Shelter in Arkansas serves a rural, economically disadvantaged population of families. The average woman who resides at the Shelter stays approximately 10 days, has about a 10th grade education, is 26 years old, has no income of her own, and brings two children with her to the Shelter. Usually the family's income is under $15,000 per year. The majority of the children are young, with 65% of them 6 years of younger. Only 10% of the children were teenagers. Nearly all of the children had witnessed violence between their parents, and 60% of them were also physically abused. Thus, any type of intervention had to be planned with these particular families in mind.

In 1979, there were few sources available in the professional literature to draw upon when establishing support and intervention services. Therefore, we borrowed from other areas and entrapolated the concepts to meet our needs. The theoretical and conceptual bases upon which we drew included crisis-intervention ideas and techniques (Caplan, 1964), and the extensive study conducted by Wallerstein & Kelly (1980) in their Children of Divorce project. The occurrence of spouse abuse is a situation in which the family's normal problem-solving skills are not sufficient, and could be considered a crisis. Caplan asserts that families are more willing and able to seek advice and help during a period of disruption than of equilibrium, and suggests that the family in crisis needs more intense and rapid provision of services than is typically provided in traditional mental health service delivery.

Since the family entering the Shelter was separated from the husband/father, and many of the women initiated divorce proceedings, it seemed that the shelter staff members were having contact with the families very early in the separation-divorce sequence. It was felt that the potential for interruption and disruption of children's developmental processes and tasks precipitated by leaving the violent home could be comparable to a separation and divorce. We also relied on some local people who had gained experience with domestic violence in a different location for additional ideas regarding strategies for change. Basically we tried to intervene in as comprehensive a manner as possible, and in contrast to many other Shelters, provide services to the children instead of only to the mothers.

Services Provided

Intervention with children

The intervention with the children is conducted in several general ways: individually, and on a group basis, which include the peer, sibling, or family groups. The services to individual children vary from a Big Brother/Sister recreational type approach to longer term more intensive contacts which more closely resemble traditional child pschotherapy. The type of intervention utilized depended on the ages and needs of the children. Typical issues with which the children deal vary with developmental level, and often include making the transition to a new place of residence and a new school, fearing for their own and family's safety, and missing their fathers (most frequently expressed by boys between the ages of six and eleven).

Intervention on an individual basis is most important for children who seem to need substantial amounts of attention and do not have many other sources of support; for children who are scape-goated for their disruptive behavior; and/or for those who specifically express a desire to talk about their situation and their feelings. When a decision is made to meet individually with a child, a grant staff member tries to meet at least twice and sometimes three times a week in order to make frequent contact at the time that the feelings were most intense. Often the choice is made to have a male staff member or volunteer meet with a young boy, in order to provide him with non-violent male models. Professional counseling is suggested when a child is very withdrawn or aggressive, or is still extremely upset, even after a period of adjustment.

Interventions with children in groups include several different group compositions. The heart of the program is a weekly "Children's Group" (partially based upon the group process reported by Guerney and Jordon, 1979) during which feelings, fears and fantasies are discussed. At this time the children are divided into small groups by age in order to discuss the concerns that they have in common. Occasionally the groups are separated by family, particularly if a new family had recently entered the Shelter and the other children have been in the Shelter for a period of time, or if the children in one family have a particular issue which was of concern to them (such as alcoholism or incest).

Issues with which children deal in the context of the Children's Group include: coping with the substantial change in their lives;

getting along with the other children; plus, dealing with their feelings about their fathers, their attitudes regarding physical punishment, and their reactions to the "no violence" rule at the Shelter. Probably the most important topic which is discussed during the group is the rationale for the prohibition against physical force; it is during these group meetings that a "preventive" understanding of the problems associated with the use of violence is facilitated.

During discussions of the reasons why fathers assault mothers (and sometime the children also) it is explained to the children that "if you hit people when you are angry to solve problems and get your way when you are little, you probably will hit people when you are big, too, when you are mad, and when you are trying to make them do what you want them to do." This explanation then leads into discussions of ways to deal with anger, and to engage in constructive problem solving behavior.

The staff require that each child participate in the groups at least by listening; there is no pressure to talk. Staff members found that most children open up quickly when they hear the other children talk about feelings and their situations; they realize they are not alone and are not the only ones who had experienced this particular situation.

When appropriate, specialized groups are also conducted. For example, groups following the Sturkie (1983) model using a structured 7-week format are held with school-age girls who were victims of incest. Their mothers also attend a "Mothers' Group" in addition to the regular women's groups.

One of the limitations in providing crisis intervention to children and women in the Shelter is the transient nature of the families. While the limit for a stay is one month, many women are not sure from day to day how long they will be staying in the Shelter. Consequently, this uncertainty makes it difficult to plan for intervention, and makes impractical the use of structured group meetings oriented around a specific issue. Frequently, staff members have to assume that they are only going to meet with a child one time, and they need to cover as many topics as possible during that contact. When children do attend more than one group session, they are provided with the opportunity to discuss any of their concerns in more detail, and to assist the new group members with understanding the transition to the Shelter. When former residents return to the Shelter for the weekly Children's Group, additional issues regarding their living situation - either in a new location or having returned to their home - are discussed. Some children continue to attend the children's group for over a year after they have moved out of the Shelter.

An additional constraining factor in conducting the groups is the fact that the majority of the children are 6 years old or younger. Approximately 30% of the children are of school-age and have little difficulty with the group format. For 4 to 6 year olds, in order to take into consideration their developmental level, the content of the discussions is modified, and the discussion periods shortened. The actual group time is two hours, with the "talk time" at the beginning for between 10 and 30 minutes. The rest of the session is spent in

recreational activities, which are "guided" by the staff and volunteers to emphasize cooperation, social skills and the building of self-esteem.

Intervention with Mothers

The interventions that are utilized with the mothers are essentially child-focused (they receive personal counseling from other sources), and consist of an educative approach directed toward both the improvement of parenting skills, and the enhancement of knowledge of the children's emotional needs, as those requirements varied according to age and sex. The parenting abilities of women who stay in the Shelter vary widely. Many women who enter the Shelter utilize inappropriate control with their children--either too little or too much--and frequently have insufficient knowledge of basic principles of child development. The first and most obvious parenting issue which mothers usually confront is related to methods of discipline. Physical force is not allowed in the Shelter, either between adults and children, or among children, thus spanking is not allowed for discipline. Even when spanking is not utilized by the mothers, some women employ other inappropriate disciplinary techniques (e.g., verbal abuse, coercion), and are also in need of more appropriate methods to use for limit-setting.

The rationale for the previously mentioned prohibition against physical force in the Shelter is that spanking is considered to be another form of violence (Woods, 1981). It is felt that women and children need to learn alternative methods of changing another person's behavior. Literature indicates that abusive interactions occur across generations partially as a result of modeling and nonnurturant parenting

(Gayford, 1975; Parker & Shumacher, 1977), therefore, rules against hitting and spanking are designed to remove these models. In order to improve the quality of caretaking, different ways of interacting and communicating with children were also emphasized, since verbal abuse and coercive exchanges (i.e., threats, especially of physical force) are also frequently utilized by parents in families in which there are physically aggressive interactions (Conger, 1981).

The basic approach to improving parenting skills consists of two parts: first, improving a woman's relationship with her children through teaching her how to interact in a more positive manner; and second, helping her set firm consistent limits by means of a "time-out" procedure. The women are introduced to these basic ideas in a weekly group parenting meeting, and discussion takes place at that time regarding the necessity for warm, positive interactions, for giving the children attention when they were being appropriate and for ignoring small irritating behaviors, while enforcing firm limits in a neutral, consistent fashion. The staff members model these behaviors for the women in their interactions with the children during the week, and provide ongoing encouragement and support as the mothers make changes toward more positive interpersonal exchanges and implement more appropriate control.

Also presented in the parenting group are basic principles of child development as they are relevant to the women's particular situation. Enhancing a mother's understanding of her children's emotional needs helps her to be more sensitive to those requirements, and help her become more cognizant that those needs differ by age and sex. All of

the children who came into the Shelter are "emotionally needy," though they express it in very different ways. Younger children, especially boys, are likely to act out, becoming disobedient and sometimes defiant and destructive. Young girls are more likely to withdraw and become clingy and dependent. Often a woman does not comprehend the reasons for her children's changed behavior, and she is helped to understand that their behavior is their way of manifesting stress. Additionally, adolescent frequently prefer to stay at a friend's house rather than at the Shelter. It is easier for a woman to appreciate that wish to be removed from the situation if she sees it from the perspective of the adolescent's need for distance rather than an outright rejection of the mother or the family.

The way in which boys' and girls' needs differ by gender is very much influenced by sex role identification and stereotypes (see Hughes, 1981, for a more complete discussion). As is developmentally appropriate, many of the six to eleven year old boys very strongly identify with their fathers as the same-gender adult from whom they model sex-role behavior. This situation sometimes produces intense conflict within the boys, since they miss their fathers, yet know that their father should not be violent toward their mother or toward them. From time to time, boys ask to leave the shelter in order to join their fathers; some perspective on the sex-role identification process helps their mothers not to interpret the request as a rejection.

Parent training which is specific to an individual mother and her children is implemented if the mother is experiencing difficulty, provided she is receptive to it. The educative approach consists of

talking with the mothers regarding their individual parenting styles, giving them support for their efforts, and providing suggestions related to alternate forms of interaction or discipline.

As previously mentioned, one of the major limitations of working with the Shelter women regarding their parenting skills is the fact that frequently staff members did not know whether they would have contact with the women again, or how many meetings they might have. Therefore, the staff take a crisis-oriented, problem-solving approach, rather than being able to carefully plan interventions. For more intensive, on-going parenting skills training, the mothers are referred to local mental health centers.

An additional factor limiting the effectiveness of the interventions is that not only do the mothers vary in their level of parenting skills, but also in their receptivity to suggestions related to interacting differently with their children. Frequently, the women who are most receptive to improving their parenting skills are also the ones who actually need it the least. It is quite a challenge for the staff to be abel to meet with a woman once or twice, and be able to establish a good working alliance, provide her with support, and still make suggestions regarding improvements in parenting. Needless to say, this goal was not always accomplished.

Staff

The staff on the initial grant consisted of four advocates for the children: one clinical child psychologist, two ½ time graduate students in a clinical psychology training program, and one Child Advocate who worked at the Shelter, The psychologist supervised the other grant

staff, and also helped conduct the weekly Children's Group. The graduate students and Shelter Child Advocate had primary responsibility for carrying out the subcomponents of the program. The Shelter Child Advocate generally met with the women in a group, while one of the students would meet with a mother individually if she wished. The four grant staff members all worked with the children, and any one of them might spend time with a child individually. To facilitate training, the four advocates developed a series of handouts which were utilized with the Shelter staff members, the women, and with Shelter volunteers. When grant funding was not available, graduate students volunteered their time.

Models for Service Provision

Within the last few years, several other descriptions of treatment programs for children in shelters have appeared in the professional literature. Alessi & Hearn (1984) set forth a structured, time-limited, group intervention which contains many of the same components as the group approach described above. They limited group membership to children between the ages of 8 and 16 years, and conducted the intervention in 6 sessions, each with a specific focus. The six topics are: 1) identification and expression of feelings, 2) violence, 3) unhealthy ways to solve problems, 4) healthy ways to solve problems 5) sex, love, and sexuality, and 6) termination and saying good-bye. A shelter child advocate and a clinical social worker co-led the groups.

Another group intervention has been conducted by Jaffe, Wilson and Wolfe (1986). They used a similar format, though they met for 10 sessions and divided the children into ages 8-10 and 11-13 years.

Though separate topics were not discussed in different sessions as in the Alessi and Hearn model, the issues the children dealt with over the 10 sessions included: 1) recognizing that other children are coping with similar life circumstances, 2) dealing with their own feelings about their family, 3) finding alternative ways of dealing with anger, 4) learning safety skills (e.g., who to call and how to identify their home in a rural community), 5) developing a social support system, 6) building self-esteem, 7) not accepting responsibility for parental conflicts or violence, and 8) resolving ambivalent feelings about their father. Jaffe et al. also have evaluated their intervention and found, in comparison to wait-list controls, that the children who participated in the groups showed significant improvement in measures of overall adjustment according to self- and mother-report, and to school behavior and performance. In addition, children were highly satisfied with the group experience and changed their attitudes about wife battering.

While the intervention approach we have conducted in the Shelter has not been evaluated in a formal sense, the mothers have been asked to respond to an informal questionnaire. On the form their feedback is requested regarding the different parts of the children's program, plus whether they saw a change in their children's behavior (got a lot worse or improved a lot) and how they saw their overall relationship with their children (same). From the 50 woman from whom the questionnaires have been obtained, the average rating for the last two questions was a 4 (improved a little). While 69% of the women felt their children's behavior improved either a little or a lot, 81% reported that their relationship with their children had improved. In addition, 92% of the

women rated the informational meetings for the mothers either 4 or 5 (somewhat or very valuable).

It certainly seems that the parent information component and the children's group meetings could be extended beyond shelters. Other facilities serve families in crisis due to spouse abuse, and could adopt some of the above described strategies. Parenting suggestions for either the men or women or both together would be very helpful. As additional support for this contention, Dan O'Leary has some preliminary evidence that it may not be the witnessing of the violence between parents that contributes most of the stress children feel. His research indicates that children's distress may be less associated with violence and more related to the poor parenting they receive as a result of living within a family in which the mother is physically abused. Therefore, I would recommend that a parenting skills component should be included in treatment programs. The structured group approach for children would also be possible to implement within an agency which serves families in crisis, with several models available which can provide some useful guidelines. Currently, there are few sources available for providing services to children living within violent families though that situation is slowly changing. Research must be conducted which will allow us to implement effective intervention strategies.

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